

HWM Accumulation Site Approval

Instructions for completing this form are on the reverse side.

1. Request Date: _____ 2. Type of Accumulation Site: ☐ TSS ☐ SAS

Type of Approval being requested: (Check Only One)

☐ 3. Initial Notification of New SAS

☐ 5. Relocation of an Existing Site

☐ 4. New Accumulation Site

☐ 6. Closure of an existing site

7. Temporary Action: ☐ Inactivation ☐ Reactivation Date by Activity: _____

Generating Activity:

8. Building Number of Site: _____

9. DODAAC: _____

10. Group or Brigade: _____

11. Battalion or Directorate: _____

12. Company or Division: _____

13. Name and Grade of HWC: _____

Telephone: _____

14. Name and Grade of AEC: _____

Telephone: _____

New Accumulation Site Requirements:

☐ 15. Copy of Site Map

☐ 16. Copy of Site Specific Contingency Plan (CP)

☐ 17. Copy of Waste Description Logs (WDL)

Closure of an Existing Site Requirements:

18. Existing Site Number: _____

Date Closed by Activity: _____

19. Certification that no wastes are stored or will be stored at the site.

☐ Certified

20. Has there ever been a spill at this site?

☐ Yes

☐ No

21. If a spill has ever occurred, has the site been decontaminated?

☐ Yes

☐ No

22. Copy of the last "Weekly Site Inspection" Checklist

☐ Included

23. I certify that the above information is complete and accurate.

Date: _____

Signature _____

Name of Battalion Commander or Director:

Telephone: _____

Title and Rank/Grade:

Approvals:

24. Post Safety Office: _____

Name and Title:

Date

25. Post Fire Department: _____

Name and Title:

Date

DPW-ENRD Approval:

26. Date of Final Approval: _____

27. Authorized Site Number: _____

28. Date of Inact/React: _____

29. Date of Final Closure : _____

Signature of DPW, ENRD Personnel